Managed LTC Centralized Enrollment Process

Instructions to fill Data Element Spreadsheet – Version 6/17/09

NOTE: The centralized enrollment spreadsheet should only be used in rare circumstances. Instead, agencies should enter data for individuals into the Program Participation System (PPS). Information about the PPS system is available at
http://www.dhs.wisconsin.gov/adrc/pros/pps.htm

However, if you unable to submit an individual via PPS, please contact Sara Edmonds at sara.edmonds@dhs.wisconsin.gov for further guidance.

General Instructions:

• Please complete and email the Data Element Excel Spreadsheet to Sara Edmonds at:

sara.edmonds@dhs.wisconsin.gov

• Share a copy of the spreadsheet with your Income Maintenance (IM) Agency contact by copying that person on the email.

• In the email subject line, please use the words 'FC Conversion' followed by the enrollment month and year (MM/YY) and the county name. For example:

FC Conversion 02/08 Sheboygan

• Please email the completed spreadsheet no later than the first day of the month prior to the desired enrollment month. For example, the spreadsheet for persons to be enrolled effective February 1, 2008 should be emailed by January 1, 2008.

• Please do not submit more than one Excel spreadsheet in the same workbook.

• If ADRC staff are collaborating with Long-Term Support staff to enroll persons into managed long-term care (e.g., with one converting current waiver persons and the other enrolling wait listed persons), please combine both categories of persons onto a single spreadsheet for centralized enrollment purposes.

• Please use the following naming convention to save your Excel spreadsheet:

    Positions 1-2 = 'FC'
    Positions 3-6 = enrollment month in MMYY format.
    Position 7-? = County/Tribe name.
    Always use the .xls (Excel) extension.
    Example: FC0907MyCounty.xls

• Please make sure to only include individuals who are already eligible for Medicaid and who have not transferred assets for less than fair market value (i.e., have not divested). Persons who have not divested will have indicated as much in response to questions on either the F-20919 or F-20919D forms (or both). For more information about these forms and the associated processing, see the following:
    http://dhs.wisconsin.gov/forms1/F2/F20919.pdf
    http://dhs.wisconsin.gov/forms1/F2/F20919d.pdf
    https://www.dhs.wisconsin.gov/waivermanual/index.htm

(Note: The process for addressing divestment in Family Care and Partnership is the same as it has always been for the home- and community-based waivers.)

- Please make sure that all individuals have a period of both functional and financial eligibility after their enrollment date. They should have at least 30 days of Medicaid eligibility and 60 days of functional eligibility after their enrollment date.

- Please take care to provide the correct and complete mailing address. Also note that if the address you provide on the spreadsheet differs from the address on CARES for an open case, the existing CARES address will be protected, i.e., it will not be changed.

Field-Specific Instructions:

- ***County Name:*** Enter the county name in cell "C1." This is the county responsible for determining the Medicaid eligibility of each Family Care enrollee listed on the spreadsheet. If the ADRC serves multiple counties, prepare separate spreadsheets for the enrollees in each county. Please take care to enter only the name of the county, not the name of the county ADRC, or the county Income Maintenance agency. For example, enter only "Sheboygan" for the spreadsheet that contains Family Care enrollees whose Medicaid eligibility was determined by the *Sheboygan County Health & Human Services Dept.*

- ***Social Security Number (SSN):*** An SSN is <u>invalid</u> in the following scenarios:
  - First three digits - 000, 588, 699, 999
  - Digits 4 and 5 - 00
  - Digits 6 - 9 – 0000

- ***Family Care (F) / Partnership (R) / PACE (P):*** Enter "F" if the person has chosen to enroll in Family Care. Enter "R" if the person has chosen to enroll in Partnership. Enter "P" if the person has chosen to enroll in PACE. Please take care not to confuse the PACE (P) and Partnership (R) codes.

- ***Family Care Functional Eligibility:*** Enter nothing here if the person has chosen to enroll in Partnership. Enter one of the following valid codes only if the person has chosen to enroll in Family care:

  - C – Nursing Home Level of Care (if the person has a nursing home level of care, enter "C" in this field).
  - I – Non-Nursing Home Level of Care (if the person has a non-nursing home level of care, enter "I" in this field).
  - G – Grandfathered
  - N – Not functionally eligible (Note: Anyone functionally ineligible will not be enrolled in Family Care.)

- ***Partnership or PACE Level of Care:*** Enter nothing here if the person has chosen to enroll in Family Care. Enter one of the following valid codes only if the person has chosen to enroll in Partnership:

  - ICF – Intermediate Care Facility
  - ISN – Intensive Skilled Nursing
  - SNF – Skilled Nursing Facility

- ***Enrollment Date:*** Always enter the actual date of enrollment in the format MM/DD/YYYY.

- ***First Name / Last Name:*** This must start with a letter and can only contain alphanumeric, spaces, and '!#$`()*+,-./:;=?@[\]^_'{|}~'.

- **Middle Initial:** Please do not enter numbers or special characters. If no middle initial, leave blank.

- **Gender:** The valid values are 'M – Male' and 'F – Female'.

- **Date of Birth:** The date cannot be more than 120 years in the past and the valid format is MM/DD/YYYY.

- **Mailing Address:** Only alphanumeric, spaces and '-/.# ' are allowed. .

- **City:** Please do not enter numbers or special characters.

- **State:** The following are the valid values:

  o AK - ALASKA
  o AL - ALABAMA
  o AR - ARKANSAS
  o AZ - ARIZONA
  o CA - CALIFORNIA
  o CO - COLORADO
  o CT - CONNECTICUT
  o DC - DISTRICT OF COLUMBIA
  o DE - DELAWARE
  o FL - FLORIDA
  o GA - GEORGIA
  o HI - HAWAII
  o IA - IOWA
  o ID - IDAHO
  o IL - ILLINOIS
  o IN - INDIANA
  o KS - KANSAS
  o KY - KENTUCKY
  o LA - LOUISIANA
  o MA - MASSACHUSETS
  o MD - MARYLAND
  o ME - MAINE
  o MI - MICHIGAN
  o MN - MINNESOTA
  o MO - MISSOURI
  o MS - MISSISSIPPI
  o MT - MONTANA
  o NC - NORTH CAROLINA
  o ND - NORTH DAKOTA
  o NE - NEBRASKA
  o NH - NEW HAMPSHIRE
  o NJ - NEW JERSEY
  o NM - NEW MEXICO
  o NV - NEVADA
  o NY - NEW YORK
  o OH - OHIO
  o OK - OKLAHOMA
  o OR - OREGON
  o PA - PENNSYLVANIA
  o RI - RHODE ISLAND
  o SC - SOUTH CAROLINA
  o SD - SOUTH DAKOTA
  o TN - TENNESSEE

- o TX - TEXAS
- o UT - UTAH
- o VA - VIRGINIA
- o VT - VERMONT
- o WA - WASHINGTON
- o WI - WISCONSIN
- o WV - WEST VIRGINIA
- o WY - WYOMING

- **ZIP code:** Please enter only numbers.

- **Phone:** This can only be alphanumeric.

- **Marital Status:** The valid values are 'SI – Single', 'MA – Married', 'WI – Widowed' and 'DI Divorced'. We will protect whatever is known to CARES on open cases.

- **Notice Language Preferred:** The valid values are 'E – English' and 'S – Spanish'.

- **Medicaid End Certification Date:** Enter the Medicaid end date (found under the field heading "E-END") associated with the most current eligibility segment from the person's MMIS eligibility record. The valid format is MM/DD/YYYY. See Appendix 1.

- **Managed Care Code:** Enter the Managed Care code (found under the field heading "MC") associated with the most current eligibility segment from the person's MMIS eligibility record. If the Managed Care code on the most current eligibility segment is blank, enter nothing. Note that managed care codes 01-49 indicate that the person is enrolled in a health maintenance organization (HMO). If enrolled in an HMO, please assure that the person is submitted for centralized processing timely, so as to allow confirmation to occur in CARES at least one week before the 1st day of the month of enrollment. See Appendix 1.

- **Managed Care Organization:** Enter the abbreviation for the managed care organization in which the person will be enrolled. See Appendix 2.

- **Medical Status Code:** Enter the Medical Status code (found under the field heading "MS") associated with the most current eligibility segment from the person's MMIS eligibility record. Medical Status is a two character alphanumeric code. Note: A person must be eligible for full-benefit Medicaid in order to be centrally enrolled into Family Care. If the person's Medical Status code is one of those appearing Appendix 3, the person is not able to be centrally enrolled and must be enrolled through the local Income Maintenance agency.

Centralized Disenrollment Instructions

1. Centralized Disenrollment applies only to persons enrolled into Family Care or Partnership through the Centralized Enrollment process administered by the DHS. Persons enrolled locally should always be disenrolled locally.

2. Centralized Disenrollment applies only to persons who express their desire to disenroll prior to the first day of their first enrollment month. Persons wishing to disenroll after the first day of their first enrollment month should always be disenrolled locally.

3. ADRC staff will notify DHS immediately of the name of the person to be centrally disenrolled. Notification will be done by email to Heidi Herziger, with copies to Sara Edmonds, as well as others the ADRC may wish to notify locally. (Note: ADRC staff should also notify the MCO of these disenrollments, since the person will very likely have appeared as being enrolled on the MCO's initial enrollment report. Depending on the timing of events, the person should, however, appear as being disenrolled on the MCO's final enrollment report.)

Relevant DHS email addresses follow:

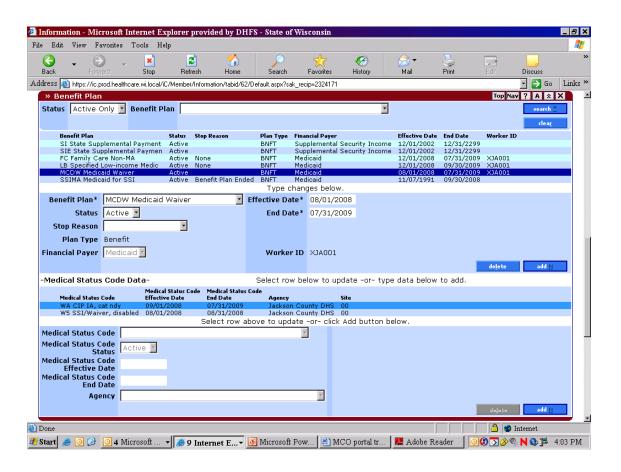heidi.herziger@dhs.wisconsin.gov
sara.edmonds@dhs.wisconsin.gov

4. Upon receiving the email, DHS staff will, as soon as possible, take the necessary steps in both CARES and the MMIS to disenroll the person from the MCO. **The person's eligibility will revert to whatever was in place prior to their enrollment in Family Care or Partnership.** That is, if the person was participating in the Home and Community Based waivers, their eligibility will revert to waivers. If the person was eligible for Elderly, Blind, Disabled Medicaid, or SSI, their eligibility will revert to that.

5. ADRC staff will follow-up by faxing the signed disenrollment form to Heidi Herziger at (608) 267-5054. This should be done as soon as possible following the above email. If a signed disenrollment form is not available, then the ADRC will instead fax case notes pertaining to the disenrollment counseling session. Adequate documentation of the disenrollment must be provided to DHS.

6. Capitation payments for a given enrollment month are issued by the department's fiscal agent on the first Sunday of that month. Given that the Centralized Disenrollment process will only be used for persons who express their desire to disenroll prior to the first day of their first month of enrollment, it is unlikely, but possible, that a capitation payment will already have been issued for the person wishing to disenroll. If one has been issued, the payment will be recouped from the MCO by the fiscal agent.

Appendix 1
interChange Functionality - Member Benefit Plan Information

The sub-menu "Benefit Plan" will allow the user to view more detailed member eligibility information. All of the benefit plans that a member is or was eligible for will display. The user can select any of the rows of Benefit Plan information to view more detailed information for that specific Benefit Plan.

In the example below, the member's Medicaid Waiver (MCDW) Benefit Plan was selected and now the user can determine that the member's Medical Status code associated with the MCDW Benefit Plan was W5 from 8/1/08 – 8/31/08 and WA from 9/1/08 – 7/31/09.

**Note: The Family Care Non-MA Benefit Plan does NOT mean that the member is a Family Care Non-MA member from 12/1/08-7/31/09. The Family Care Non-MA is not used for capitation payment purposes or claims editing purposes, it is just stored because of the Family Care information sent from CARES.

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Appendix 2
Managed Care Organization Name and Abbreviation

Managed Care Organization
Community Care of Central Wisconsin (CCCW)
Community Care, Inc. (CC)
Care Wisconsin (Care WI)
Community Health Partnership, Inc. (CHP)
Creative Care Options of Fond du Lac County (CCO)
Milwaukee County Dept. on Aging (MCDA)
NorthernBridges (NB)
Southwest Family Care Alliance (SFCA)
Western Wisconsin Cares (WWC)

Appendix 3 -- <u>Limited</u>-Benefit Medicaid Medical Status Codes

MedStat	Description
57	subsidized adoption - state, nh
BB	BadgerCare Plus—Benchmark plan
PS	BadgerCare Plus—Benchmark plan
PM	BadgerCare Plus—Benchmark plan
TP	BadgerCare Plus—Benchmark plan
BH	BadgerCare Plus—Benchmark plan
TC	BadgerCare Plus—Benchmark plan
BI	BadgerCare Plus—Benchmark plan
BO	BadgerCare Plus—Benchmark plan
4B	BadgerCare Plus—Benchmark plan
BT	BadgerCare Plus—Benchmark plan
BW	BadgerCare Plus—Benchmark plan
N3	BadgerCare Plus—Benchmark plan
BC	**[No description. Treat this as limited benefit med stat.]**
FB	Family Planning /TB-related/QMB
FQ	FP Waiver/QMB
FS	FP services
FT	FP Waiver TB services
P2	presumptively eligible, 133% - 185% FPL
PB	Presumptive FP/TB-related/QMB
PE	presumptively eligible
PF	presumptive elig FP svcs
PQ	presumptive elig FP svcs/QMB
PT	presumptive elig FP svcsTB
Q1	SLMB Plus
Q2	ALMB
QN	QMB only, NH
QR	QMB only
QW	QDWI
SA	subsidized adoption compact
SB	slmb
SC	SC copay, up to 160% FPL
SD	SC deductible, >160%-200% FPL
SE	SC deductible, >200%-240% FPL
SF	SC QMB deductible
SG	SC QMB copayment
SH	SC TB-related QMB, deductible
SJ	SC TB-related QMB
SR	**[No description. Treat this as limited benefit med stat.]**
SS	SC spenddown, >240%FPL
TR	TB-related
TS	SC TB-related, deductible